

Name
in
Full

CERTIFICATE OF DEATH

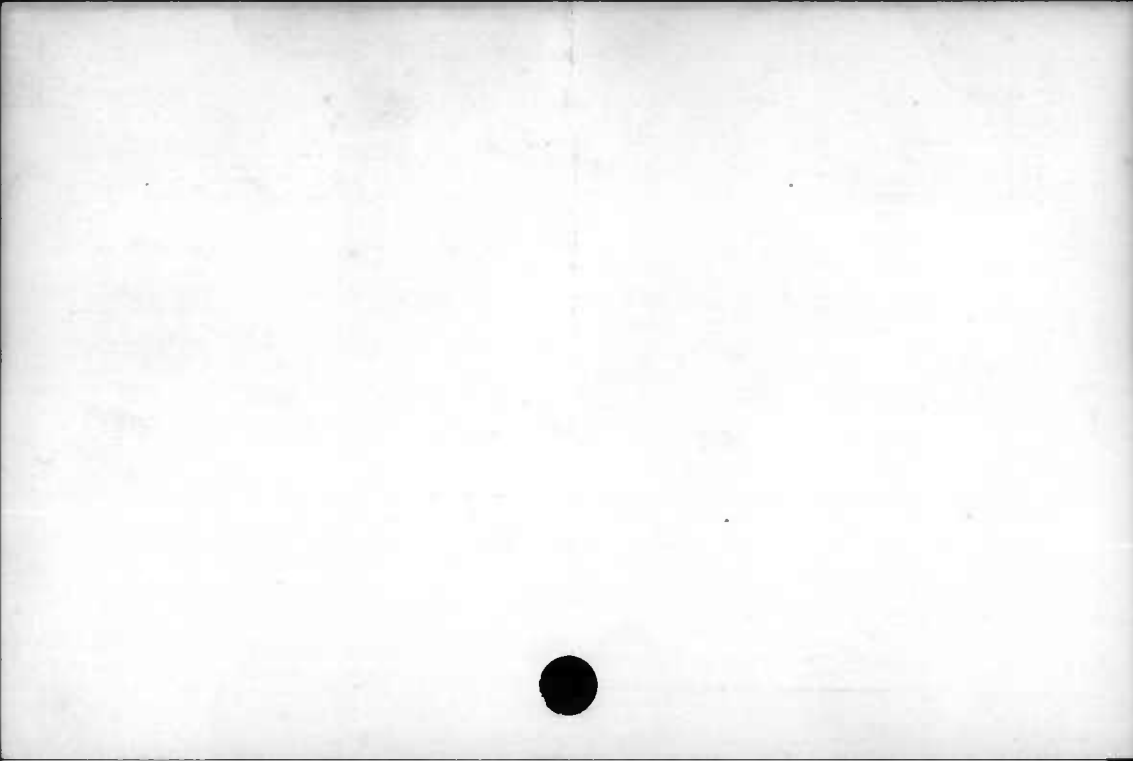
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Charlotte Hall		St. Mary's					
Date of death	1905	Month	Sept.	Day	18	Years	12
Sex		Male		Color or Race		Colored	
Occupation				Birth-place		St. Mary's Co.	
Where Residing if not at place of death		St. home					
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Wilson Braxton		Father's Birthplace		St. Mary's Co.	
Mother's Maiden Name		Angelina Briscoe		Mother's Birthplace		St. Mary's Co.	
Name of person giving information		Charles Braxton		How related to deceased		Uncle	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Syphoid fever	How long	4 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Jas. R. Morgan	
Address		Mechanicville, Pa.	
Accident or Suicide?			



Mallie May Cornles.

Died at ^{Town} Great Mills ^{County} St Mary; MARYLAND

Date 19 ¹⁹⁴⁵ ^{Month} Sept ^{Day} 19 ^{Age} 14 ^{Y.} ^{M.} ^{D.} ^{Native of} St Mary; ^{Occupation} Servant

Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband
of

Wife

Father's
Name

George Cornles

Mother's
Name

Burbank Cornles

Cause of
Primary

How long sick

3 weeks

Death
Immediate

Typhoid Fever

Accident, Suicide, Homicide

Reported by

Henry Richardson Jr. &

Address

Great Mills Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Richard Alfonso Crawley*

Died at *Palmer* Town *St Mary* County

Date of death *1905* Month *9* Day *9* Age *-* Years *-* Months *9* Days *26*

Sex *male* Color or Race *colored* Birthplace *md*

Occupation *-* Where Residing if not at place of death *-*

Married, Single
or WidowedName of Wife or
Husband

Father's Name *Robert W. Gray Crawley*

Mother's Maiden Name *Minnie Louise Collier*

Name of person giving
In formation *Minnie L. Crawley*

Father's
Birthplace *md*Mother's
Birthplace *md*How related
to deceased *mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Broncho Pneumonia* How long *36 hours*

Immediate *Embolism* How long *02*

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Rt. V. Palmer*

Address

Palmer

Accident or Suicide?

md



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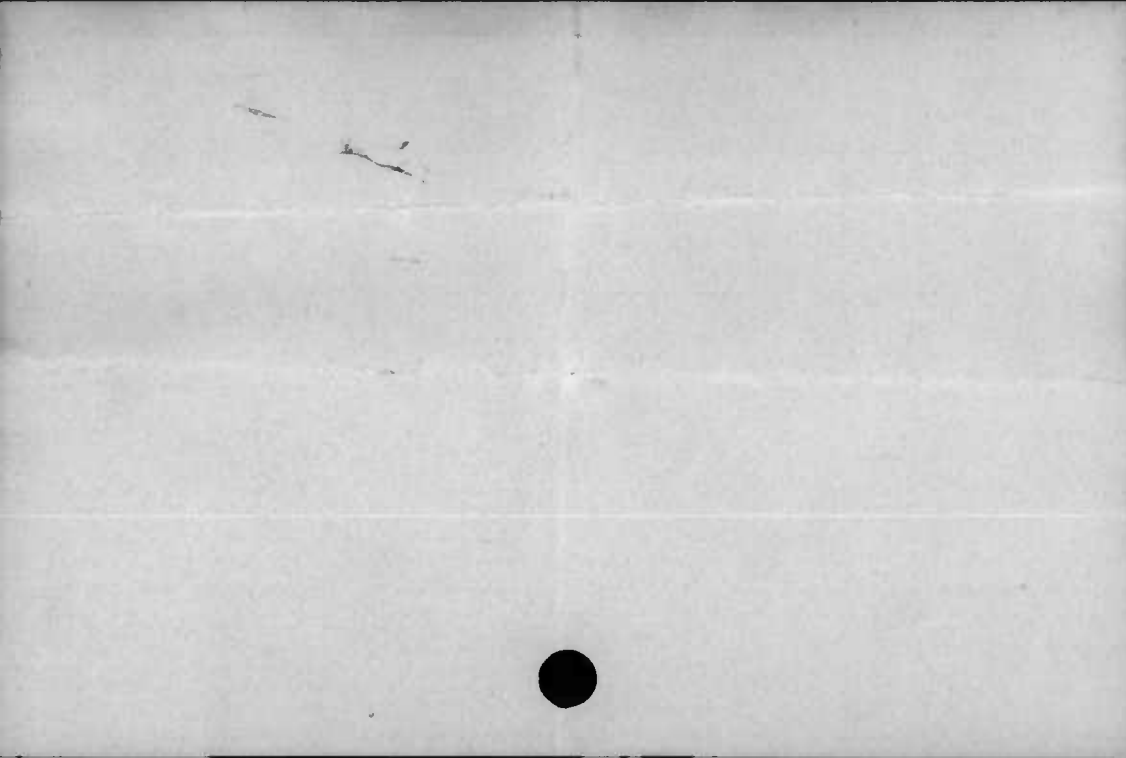
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Calypsona</i> Town		<i>St. Marys</i> County		MARYLAND	
Date of death	1905	Month	Oct	Day	18
				Age	17
Sex	Female	Color or Race	Black	Birth-place	Angola
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	<i>Charles Hayden</i>			Father's Birthplace	<i>md</i>
Mother's Maiden Name	<i>Sarah Hayden</i>			Mother's Birthplace	<i>md</i>
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Exhaustion</i>	How long	<i>10 minutes</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos. Smith</i>		
	Address <i>Lionsville Md</i>		
Accident or Suicide?			



Name
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Erva Holly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died *near Leonardtown* *St Marys*
Town County

Date of death *1905* *Sept* *15* *10*
Month Day Years

Sex *female* Color or Race *Colored* Birth-place *St Marys*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *James Holly* Father's Birthplace *St Marys*

Mother's Maiden Name *Affelona* Mother's Birthplace *St Marys*

Name of person giving information *James Holly* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Endocarditis* *78* How long *6 weeks*

Immediate *—* Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *H. J. Greenwell*

Address *Leonardtown* *MD* Accident or Suicide? *—*



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Oakville</i> <small>Town</small>		<i>St. Marys</i> <small>County</small>	
		Date of death <i>1905</i> <small>Month</small> <i>Sept</i> <small>Day</small> <i>21</i>		Age <i>43</i> <small>Years</small> <i>-</i> <small>Months</small> <i>-</i> <small>Days</small>	
		Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Oakville</i>	
		Occupation <i>Housewife</i>	Where Residing if not at place of death		
		Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Geo. J. Hutchins</i>		
PHYSICIAN OR CORONER		Father's Name <i>Frank Cooper</i>		Father's Birthplace <i>St Marys</i>	
		Mother's Maiden Name <i>Sarah Sims</i>		Mother's Birthplace <i>St Marys</i>	
		Name of person giving information <i>Geo J. Hutchins</i>		How related to deceased <i>Husband</i>	
		CAUSES OF DEATH			
PHYSICIAN OR CORONER		Primary		How long <i>20 years -</i>	
		Immediate <i>Tuberculosis of Lungs</i>		How long	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>L. B. Johnson</i>	
				Address <i>Morganza</i>	
		Accident or Suicide?			



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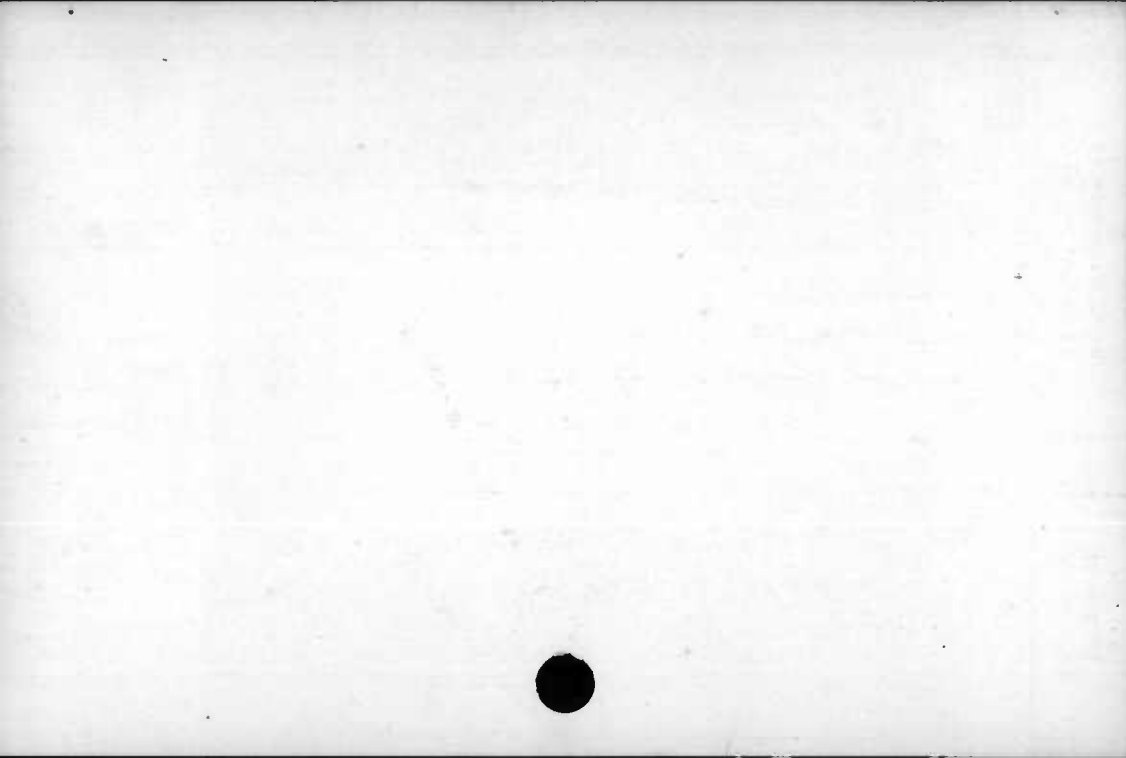
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oakley</i> Town		County <i>St. Mary's</i>		MARYLAND	
Date of death	1905	Month	9	Day	19
		Age	—	Years	—
		Months	2	Days	3
Sex	<i>male</i>		Color or Race	<i>white</i>	
Occupation	—		Birth-place	<i>ind</i>	
Where Residing if not at place of death			—		
Married, Single or Widowed	—		Name of Wife or Husband	—	
Father's Name	<i>John T. Long</i>			Father's Birthplace	<i>ind</i>
Mother's Maiden Name	<i>Mary T. Hardin</i>			Mother's Birthplace	<i>ind</i>
Name of person giving information	<i>John T. Long</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Enteritis follicularis</i>	How long	<i>6 day's</i>
Immediate	<i>Convulsions</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes.</i>	
Signature of Physician		<i>Robt. V. Palmer</i>	
Address		<i>Palmer</i>	
Accident or Suicide?		<i>ind</i>	



Name
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Emma Thomas

CERTIFICATE OF DEATH

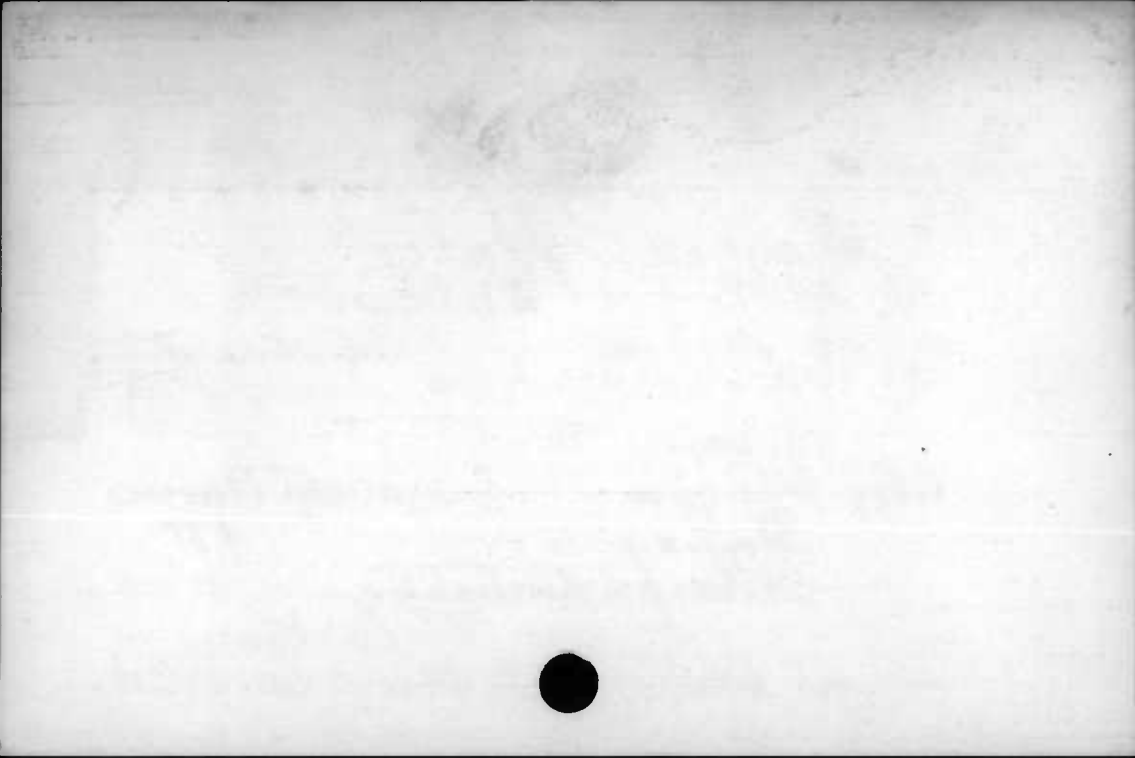
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Palmer		County Simmons		MARYLAND	
Date of death		1905	Month 9	Day 27	Age 36	Years	Months —
Sex Female		Color or Race colored		Birth- place Va.		Days —	
Occupation Housewife				Where Residing if not at place of death —			
Married, Single or Widowed		married		Name of Wife or Husband James Thomas			
Father's Name		Charles Rich.		Father's Birthplace		Va.	
Mother's Maiden Name		Anne Rich.		Mother's Birthplace		Va.	
Name of person giving In formation		James Thomas		How related to deceased		Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	15-days
Immediate	Pulmonary congestion	How long	18 hours alt.
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician.		R. H. Palmer	
Address		Palmer	
Accident or Suicide?		und	



Name in Full

Certificate of Death

Name in Full		Maggie Watts	
Died at		Town	County
St. Mills		St. Mary's	MARYLAND
Date 1905.	Month	Day	Y. M. D.
9	18	36	
Age		Occupation	
36		Wid. Housekeeper	
Male	White	Married	Widow
Female	Colored	Single	Widower
		Number of children living	
		1	
Husband of	Biscoe Watts		
Wife			
Father's Name	Alex. Morgan	Mother's Maiden Name	Elizabeth Barnes
Cause of	Primary	How long sick	1 yr.
Death	Immediate	Accident, Suicide, Homicide	
Reported by		Lewis T. Clarke	
Address		Grant Mills St. Mary's Co. Md.	
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.			

